

Fill in this information to identify the case:Debtor name David Drugs, Inc.United States Bankruptcy Court for the: DISTRICT OF MARYLANDCase number (if known) 18-12699-LSS☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **130,551.82****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **130,551.82****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **21,991.75****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **491,262.71****4. Total liabilities**
Lines 2 + 3a + 3b\$ **513,254.46**

Fill in this information to identify the case:Debtor name David Drugs, Inc.United States Bankruptcy Court for the: DISTRICT OF MARYLANDCase number (if known) 18-12699-LSS☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. SunTrust Bankchecking5014\$4,354.033.2. SunTrust Bank (overdrawn)checking4644\$0.003.3. Branch Banking & Trust Companychecking5587\$563.56**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,917.59**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

Debtor David Drugs, Inc.
NameCase number (If known) 18-12699-LSS

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture, fixtures and computers (see depreciation schedule attached)	Unknown	Tax records	\$3,429.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software			
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$3,429.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2006 Ford Econoline F150 Cargo (mileage is 329,684)	\$0.00	KBB private sale	\$1,090.00
47.2.	2011 Chevrolet HHR (mileage is 199,684)	\$0.00	KBB private sale	\$2,379.00
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			

Debtor David Drugs, Inc.
NameCase number (If known) 18-12699-LSS49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$3,469.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>kayceedrugs.com</u>	<u>\$0.00</u>		<u>Unknown</u>
	<u>kayceemedicalequipment.com</u>	<u>\$0.00</u>		<u>Unknown</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <u>Customer lists</u>	<u>\$0.00</u>		<u>Unknown</u>
64.	Other intangibles, or intellectual property			
65.	Goodwill <u>Goodwill</u>	<u>\$0.00</u>		<u>Unknown</u>

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.0067. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?☐ No

Debtor **David Drugs, Inc.**

Name

Case number (If known) **18-12699-LSS**☒ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor **David Drugs, Inc.**
NameCase number (If known) **18-12699-LSS****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$4,917.59	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$90,186.68	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$28,549.55	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$3,429.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$3,469.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$130,551.82	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$130,551.82

AR REPORTING AGING REPORT						
Company	0 to 30	30 to 60	60 to 90	90 to 120	over 120	TOTAL
DC Medicaid (ins)		\$ 4,836.52	\$ 4,452.36	\$ 3,566.20	\$ 22,947.92	\$ 36,803.00
Md Medicaid (ins)		\$ 1,985.63	\$ 1,785.50	\$ 1,796.50	\$ 2,956.36	\$ 8,523.99
BcBs (insurance)	\$ 1,550.00	\$ 865.00	\$ 245.00	\$ 5,850.20	\$ 6,991.87	\$ 15,502.07
Community Connections						
Amerigroup	\$ 1,354.86	\$ 256.36				\$ 1,611.22
Customers	1858.24	1648.77	1910.23	1660.69	3167.69	\$ 10,245.62
MTS		3256.36	4589.63	2563.69	38153.32	\$ 48,563.00
TOTALS	\$ 4,763.10	\$ 12,848.64	\$ 12,982.72	\$ 15,437.28	\$ 74,217.16	\$ 121,248.90

Physical Inventory as of 03-10-2018

	RETAIL	COST	USED Parts/rentals
Delivery Department	\$ 2,758.00	\$ 1,379.00	
Front Counter-1	\$ 508.95	\$ 254.48	
Wall	\$ 1,600.00	\$ 800.00	
Front Counter-2	\$ 385.00	\$ 192.50	
Front Counter-3	\$ 268.00	\$ 134.00	
Front Counter-4	\$ 96.00	\$ 48.00	
Front Counter-5	\$ 98.75	\$ 49.38	
Front Counter-6	\$ 42.00	\$ 21.00	
Front Counter-7	\$ 463.50	\$ 231.75	
Front Counter-8	\$ 718.50	\$ 359.25	
Front Counter-9	\$ 516.50	\$ 258.25	
Front Counter-10	\$ -	\$ -	
Front Counter 11	\$ 315.63	\$ 157.82	
Rack	\$ 2,093.00	\$ 1,046.50	
Wall side	\$ 3,569.50	\$ 1,784.75	
Scooter Rack	\$ 523.68	\$ 261.84	\$ 200.00
Aisle 1 A	\$ 315.00	\$ 157.50	
Aisle 1 B	\$ 218.00	\$ 109.00	
Aisle 2 A	\$ 816.00	\$ 408.00	
Aisle 2 B	\$ 2,825.00	\$ 1,412.50	
Aisle 3 A	\$ 2,923.00	\$ 1,461.50	
Aisle 3 B	\$ 218.00	\$ 109.00	\$ 50.00
Aisle 4 A	\$ 425.00	\$ 212.50	
Aisle 4 B	\$ 283.60	\$ 141.80	\$ 100.00
Aisle 5 A	\$ 1,869.36	\$ 934.68	
Aisle 5 B	\$ 75.00	\$ 37.50	
Office Wall	\$ 318.00	\$ 159.00	
Back Wall	\$ 4,285.63	\$ 2,142.82	
Behind Medical	\$ 6,350.25	\$ 3,175.13	
Upper Showroom	\$ 17,500.00	\$ 8,750.00	\$ 600.00
Fitting Room	\$ 2,145.25	\$ 1,072.63	
Repair room parts / Tools		\$ -	\$ 2,550.00
Basement Outer		\$ -	\$ 200.00
Basement Room		\$ -	\$ 200.00
Basement Middle	\$ 750.00	\$ 375.00	\$ 1,200.00
Basement Broken Equip		\$ -	\$ 150.00
Bathroom Area	\$ 325.00	\$ 162.50	
Room in Back by Server	\$ 1,500.00	\$ 750.00	
TOTAL	\$ 57,099.10	\$ 28,549.55	\$ 5,250.00

4/30/17

2016 FEDERAL SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 423

DAVID DRUGS, INC.

53-0224250

2/25/18

11:14AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 1120										
AUTO / TRANSPORT EQUIPMENT										
2	2003 SONOMA	4/07/03		15,600			15,600	200DB MQ	5	0
9	GMC SAFARI	5/24/05		20,300			20,300	200DB HY	5	0
24	FORD VAN	7/08/10		5,778			5,778	200DB HY	5	0
34	CARMAX - VAN	2/01/12		15,086			10,161	S/L MQ	5	1,875
36	KIA SOUL - DARCARS	10/22/12		17,684			16,156	200DB HY	5	1,019
TOTAL AUTO / TRANSPORT EQUI				74,448		0	67,995			2,894
FURNITURE AND FIXTURES										
3	COMPUTER	9/23/03		1,212			1,212	200DB HY	5	0
4	PRINTERS	3/15/04		5,185			5,185	200DB HY	5	0
5	COMPUTER	4/30/04		1,383			1,383	200DB HY	5	0
6	COMPUTER	4/30/04		1,525			1,525	200DB HY	5	0
7	NDC PRINTER	6/21/04		1,903			1,903	200DB HY	5	0
8	MARYLAND COPIER - FAX	7/05/04		1,259			1,259	200DB HY	5	0
11	MCKESSON - COMPUTER	8/20/05		42,389			42,389	200DB HY	5	0
12	MCKESSON - COMPUTER	10/04/05		21,195			21,195	200DB HY	5	0
13	AM EXPRESS - COMPUTER	12/12/05		1,281			1,281	200DB HY	5	0
14	AM EXPRESS - COMPUTER	2/04/06		1,248			1,248	200DB HY	5	0
15	ADP PAYROLL SCANNER	7/18/06		900			900	200DB MQ	5	0
17	MCKESSON - AUTOMATION EQU	5/01/06		42,389			42,389	200DB MQ	5	0
18	FURN&EQUIP-CHASE MC	7/13/07		461			461	200DB HY	7	0
19	COMPUTER - A,AMERICAN EXPR	11/12/07		1,973			1,973	200DB HY	5	0
20	CENTRIX FAX MACHINE	1/09/09		4,510			4,510	200DB HY	7	0
21	CCTV (MARLIN LEASING)	6/05/08		9,233			9,233	200DB HY	7	0
22	MARLIN LEASING CCTV	7/01/09		2,471			2,471	200DB HY	7	0
23	EQUIP (CHASE MASTERCARD)	3/22/10		1,505			1,505	200DB HY	7	0
25	TELEPHONE SYSTEM	10/22/10		20,752			17,973	200DB HY	7	1,853
26	2 COMPUTERS FOR MED OFFIC	8/12/11		3,243			3,001	S/L MQ	5	242
27	PRINTER (STU)	9/08/11		690			638	S/L MQ	5	52
28	LEXMARK PRINTER	9/12/11		990			916	S/L MQ	5	74
29	PERIPHALS (QS/1 DATA)	10/11/11		1,279			1,184	S/L MQ	5	95
30	COUNTER TOPS (CHUCK)	11/23/11		265			166	S/L MQ	7	38
31	SHELVING (LOWES)	11/23/11		555			346	S/L MQ	7	79
32	COMPUTER&PRINTER (AMX)	2/12/12		1,253			738	S/L MQ	7	179
33	PRINTER&BATTERY BU (AMX)	3/12/12		229			136	S/L MQ	7	33

4/30/17**2016 FEDERAL SUMMARY DEPRECIATION SCHEDULE****PAGE 2****CLIENT 423****DAVID DRUGS, INC.****53-0224250**

2/25/18

11:14AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
35	EQUIP-CHASE CARD STU	1/10/13		383			383	200DB HY	7	0
37	FRONT CASH REGISTER(AMEX)	12/01/14		3,881			3,881	200DB HY	5	0
38	HEATER (CLEAN AIR MECH)	8/11/15		3,200			457	200DB HY	7	784
TOTAL FURNITURE AND FIXTURE				178,742		0	171,841			3,429
IMPROVEMENTS										
1	LEASEHOLD IMPROVEMENTS	VARIOUS		37,689			31,691	S/L MM	39	1,197
10	LH IMPR PHARMACY DESIGN	6/21/05		3,826			2,677	S/L HY	15	255
16	PHARMACY DESIGN - LHI	5/01/06		25,000			16,461	S/L MQ	15	1,667
TOTAL IMPROVEMENTS				66,515		0	50,829			3,119
TOTAL DEPRECIATION				319,705		0	290,665			9,442
GRAND TOTAL DEPRECIATION				319,705		0	290,665			9,442

Fill in this information to identify the case:

Debtor name David Drugs, Inc.

United States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (if known) 18-12699-LSS

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:Debtor name **David Drugs, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**Case number (if known) **18-12699-LSS**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Anthony Copeland 3411 Claire Drive, #02 Suitland, MD 20746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$253.50	\$253.50
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Anthony Copeland 3411 Claire Drive, #02 Suitland, MD 20746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$422.50	\$422.50
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: unpaid vacation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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2.3	Priority creditor's name and mailing address Ashley Wood 2621 Nicholson Street, Apartment 204 Hyattsville, MD 20782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$236.25	\$236.25
Date or dates debt was incurred		Basis for the claim: wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Ashley Wood 2621 Nicholson Street, Apartment 204 Hyattsville, MD 20782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,039.50	\$1,039.50
Date or dates debt was incurred		Basis for the claim: unpaid vacation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Clive Gray 4311 3rd Street SE, #3 Washington, DC 20032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$610.50	\$610.50
Date or dates debt was incurred		Basis for the claim: wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Clive Gray 4311 3rd Street SE, #3 Washington, DC 20032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,700.00	\$3,700.00
Date or dates debt was incurred		Basis for the claim: unpaid vacation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	18-12699-LSS
2.7	Priority creditor's name and mailing address Donald Calloway 2900 St. Claire Drive, #519 Temple Hills, MD 20748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,700.00 \$2,700.00
	Date or dates debt was incurred	Basis for the claim: wages	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address Donald Calloway 2900 St. Claire Drive, #519 Temple Hills, MD 20748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,125.00 \$10,125.00
	Date or dates debt was incurred	Basis for the claim: unpaid vacation	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address James Thompson 13814 Stroh Court Accokeek, MD 20607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$832.50 \$832.50
	Date or dates debt was incurred	Basis for the claim: wages	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address James Thompson 13814 Stroh Court Accokeek, MD 20607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,072.00 \$2,072.00
	Date or dates debt was incurred	Basis for the claim: unpaid vacation	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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3.1	Nonpriority creditor's name and mailing address ABC Burglar Alarm Systems, Inc. 1532 A&B Pointer Ridge Place Bowie, MD 20716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.00
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3.2	Nonpriority creditor's name and mailing address AFLAC Remittance Processing Services 1932 Wynnton Road Columbus, GA 31999-0797 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.3	Nonpriority creditor's name and mailing address Alpine Health 601 Penhorn Avenue #1 Secaucus, NJ 07094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.4	Nonpriority creditor's name and mailing address American Express P. O. Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,500.00
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3.5	Nonpriority creditor's name and mailing address ARI Network Services 10850 West Park Place, Suite 1200 Milwaukee, WI 53224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>web management</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
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3.6	Nonpriority creditor's name and mailing address AT&T Mobility P. O. Box 6463 Carol Stream, IL 60197-6463 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>telephone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.63
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3.7	Nonpriority creditor's name and mailing address Briggs Healthcare 4900 University Avenue, Suite 200 West Des Moines, IA 50266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.13
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Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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3.8	Nonpriority creditor's name and mailing address Brighttree 1735 North Brown Road, Suite 500 Lawrenceville, GA 30043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680.00
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3.9	Nonpriority creditor's name and mailing address BSN Medical Inc. P. O. Box 751766 Charlotte, NC 28275-1766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,253.44
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3.10	Nonpriority creditor's name and mailing address Calvert Trash Systems, Inc. P. O. Box 9001099 Louisville, KY 40290-1099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$394.16
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3.11	Nonpriority creditor's name and mailing address Cardinal Health System 5958 Collections Center Drive Chicago, IL 60693-5952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,802.54
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3.12	Nonpriority creditor's name and mailing address Care Apparel 127-09 91st Avenue Richmond Hill, NY 11418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$580.80
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3.13	Nonpriority creditor's name and mailing address Charles Cavanaugh, III 8210 Elsie Way Laurel, MD 20723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans to business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.14	Nonpriority creditor's name and mailing address Comcast P. O. Box 3005 Southeastern, PA 19398-3005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.21
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Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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3.15	Nonpriority creditor's name and mailing address Comcast P. O. Box 3005 Southeastern, PA 19398-3005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>telephone</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Contour Products, Inc. 1430 West Pointe Drive, Suite K Charlotte, NC 28214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$671.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address DJO Global P. O. Box 650777 Dallas, TX 75265-0777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$426.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Drive Medical Design 99 Seaview Boulevard, Suite 210 Port Washington, NY 11050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,169.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Endit! 407 Lightwood Lane Shallotte, NC 28470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$485.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address EZ-Access 700 Milwaukee Avenue North Auburn, WA 98001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,933.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Golden Technologies 401 Bridge Street Old Forge, PA 18518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$141.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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3.22	Nonpriority creditor's name and mailing address Graham-Field Health Products P. O. Box 47510 Atlanta, GA 30362-0510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,766.99
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3.23	Nonpriority creditor's name and mailing address HD Smith Drug LLC 670 Belleville Turnpike Kearny, NJ 07032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,973.94
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3.24	Nonpriority creditor's name and mailing address Invacare Innovation in Health Care One Invacare Way Elyria, OH 44036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,180.49
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3.25	Nonpriority creditor's name and mailing address Knit-Rite, Inc. 120 Osage Avenue Kansas City, KS 66105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.00
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3.26	Nonpriority creditor's name and mailing address McKesson Medical-Surgical c/o Minnesota Supply, Inc. P. O. Box 630693 Cincinnati, OH 45263-0693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,189.69
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3.27	Nonpriority creditor's name and mailing address McKesson Pharmacy Systems c/o Altus GTS Inc. 2400 Veterans Memorial Blvd, Suite 300 Kenner, LA 70062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,453.39
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3.28	Nonpriority creditor's name and mailing address Medbasix Acquisition Company 10404 West State Road 84 Davie, FL 33324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,495.59
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Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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3.29	Nonpriority creditor's name and mailing address Medi USA, L.P. P. O. Box 890107 Charlotte, NC 28289-0107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,413.01
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3.30	Nonpriority creditor's name and mailing address Medline Industries, Inc. c/o The CKB Firm 30 North LaSalle Street, Suite 1520 Chicago, IL 60602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,177.91
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3.31	Nonpriority creditor's name and mailing address Michael Ackard 7412 Blackford Street Springfield, VA 22121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans to business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118,136.54
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3.32	Nonpriority creditor's name and mailing address Michael Ackard 7412 Blackford Street Springfield, VA 22121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>additional loans to business (line of credit)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,700.00
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3.33	Nonpriority creditor's name and mailing address Michael Mattie 3211 SW 42nd Street. Unit 216 Ocala, FL 34471 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans to business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.34	Nonpriority creditor's name and mailing address Mueller Sports Medicine Inc. 1 Quench Drive Prairie Du Sac, WI 53578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$980.00
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3.35	Nonpriority creditor's name and mailing address Ovation Medical c/o Saturn Systems Collection 2750 South Wadsworth, Suite D-102 Denver, CO 80227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$911.67
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Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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3.36	Nonpriority creditor's name and mailing address Parkland Shopping Center, LLC 4919 Bethesda Avenue, Suite 200 Bethesda, MD 20814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,066.04
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3.37	Nonpriority creditor's name and mailing address Penn National Insurance P. O. Box 2257 Harrisburg, PA 17105-2257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.38	Nonpriority creditor's name and mailing address PEPCO P. O. Box 13608 Philadelphia, PA 19101-3608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594.78
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3.39	Nonpriority creditor's name and mailing address Performance Health 28100 Tournch Parkway, Suite 700 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$381.51
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3.40	Nonpriority creditor's name and mailing address Pride Mobility Products Corp. 182 Susquehanna Avenue Pittston, PA 18643-2694 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,109.99
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3.41	Nonpriority creditor's name and mailing address Professional Account Management, LLC P. O. Box 37038 Milwaukee, WI 53203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid tickets</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.00
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3.42	Nonpriority creditor's name and mailing address Progressive Commercial P. O. Box 94739 Cleveland, OH 44101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,254.60
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Debtor	David Drugs, Inc. Name	Case number (if known)	18-12699-LSS
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3.43	Nonpriority creditor's name and mailing address ROHO Group P. O. Box 956999 Saint Louis, MO 63195-6999 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.00
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3.44	Nonpriority creditor's name and mailing address Shieldline Products 1 University Plaza Drive, Suite 514 Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,568.50
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3.45	Nonpriority creditor's name and mailing address Skil-Care Corporation 29 Wells Avenue Yonkers, NY 10701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.54
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3.46	Nonpriority creditor's name and mailing address Staples Business Advantage Dept. DC, P. O. Box 415256 Boston, MA 02241-5256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.50
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3.47	Nonpriority creditor's name and mailing address Sunrise Medical HHG Inc. P. O. Box 933056 Atlanta, GA 31193-3056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.35
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3.48	Nonpriority creditor's name and mailing address Surgical Appliance Industries Inc. 3960 Rosslyn Drive Cincinnati, OH 45209-1195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.49	Nonpriority creditor's name and mailing address United Health Care 4316 Rice Lake Road Duluth, MN 55811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,483.11
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Debtor **David Drugs, Inc.**
NameCase number (if known) **18-12699-LSS**

3.50	Nonpriority creditor's name and mailing address Washington Gas 101 Constitution Avenue, NW Washington, DC 20080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.68
3.51	Nonpriority creditor's name and mailing address William R. Walsh, CPA 14728 Flintstone Lane Silver Spring, MD 20905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,315.00
3.52	Nonpriority creditor's name and mailing address Windmill Health Products 10 Henderson Drive West Caldwell, NJ 07006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301.39

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AT&T Attention: Bankruptcy Department 1801 Valley View Lane Farmers Branch, TX 75234	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Comcast Cable Communications, LLC Attention: Law Department-Bankruptcy One Comcast Center Philadelphia, PA 19103-2838	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	Comcast Cable Communications, LLC Attention: Law Department-Bankruptcy One Comcast Center Philadelphia, PA 19103-2838	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	Invacare P. O. Box 824056 Philadelphia, PA 19182-4056	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	McKesson Corporation One Post Street San Francisco, CA 94104	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	PEPCO 701 Ninth Street, N.W. Washington, DC 20068	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor **David Drugs, Inc.**
NameCase number (if known) **18-12699-LSS****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>21,991.75</u>
5b. +	\$ <u>491,262.71</u>
5c.	\$ <u>513,254.46</u>

Fill in this information to identify the case:Debtor name **David Drugs, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**Case number (if known) **18-12699-LSS**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **telephone system**

State the term remaining

List the contract number of any government contract

**Comcast
P. O. Box 3005
Southeastern, PA 19398-3005**2.2. State what the contract or lease is for and the nature of the debtor's interest **cash register system (Clover)**

State the term remaining

List the contract number of any government contract

**First Data Global Leasing
5505 Glenridge Connector NE, Suite 200
Atlanta, GA 30342**2.3. State what the contract or lease is for and the nature of the debtor's interest **lease for store location at 6110 Old Silverhill Road, District Heights, MD**

State the term remaining

List the contract number of any government contract

**Parkland Shopping Center, LLC
4919 Bethesda Avenue, Suite 200
Bethesda, MD 20814**

Fill in this information to identify the case:Debtor name David Drugs, Inc.United States Bankruptcy Court for the: DISTRICT OF MARYLANDCase number (if known) 18-12699-LSS☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Michael Ackard** **7412 Blackford Street
Springfield, VA 22121**

**Parkland Shopping
Center, LLC**

☐ D _____
☒ E/F 3.36
☐ G _____

Fill in this information to identify the case:Debtor name David Drugs, Inc.United States Bankruptcy Court for the: DISTRICT OF MARYLANDCase number (if known) 18-12699-LSS☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 15, 2018**X /s/ Charles Cavanaugh, III**

Signature of individual signing on behalf of debtor

Charles Cavanaugh, III

Printed name

President

Position or relationship to debtor